

United States District Court

DISTRICT OF Massachusetts

Mark J. Patnod

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04 10865 GAO

David Nolan, Superintendent
Massachusetts Correctional Institution
Cedar Junction at Walpole
Route 1A
P.O. Box 100
South Walpole, Massachusetts 02071

TO: (Name and address of defendant)

David Nolan, Superintendent
Massachusetts Correctional Institution
Cedar Junction at Walpole
Route 1A
P.O. Box 100
South Walpole, Massachusetts 02071

Thomas F. Reilly
Attorney General
Commonwealth of Massachusetts
One Ashburton Place
20th Floor
Boston, Massachusetts 02108

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Eileen M. Hagerty, Esq.
Kotin, Crabtree & Strong, LLP
One Bowdoin Square
Boston, MA 02114

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.



CLERK

(BY) DEPUTY CLERK

DATE

AUG 18 2004

RETURN OF SERVICEService of the Summons and Complaint was made by me ⁽¹⁾

DATE

August 19, 2004

NAME OF SERVER (PRINT)

Eileen Hagerty

TITLE

Plaintiff's Attorney

Check one box below to indicate appropriate method of service

- Served personally upon the defendant. Place where served: _____
- Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- Returned unexecuted: _____

- Other (specify): Served by certified mail, pursuant to Federal Rules of Civil Procedure 4(j)(2) and Massachusetts Rule of Civil Procedure 4(d)(4). Receipt attached.

STATEMENT OF SERVICE FEES

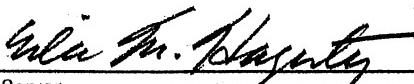
TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on September 15, 2004
Date

Signature of Server


Eileen Hagerty, Esq.
Kotin, Crabtree & Strong, LLP
One Bowdoin Square, Boston, MA

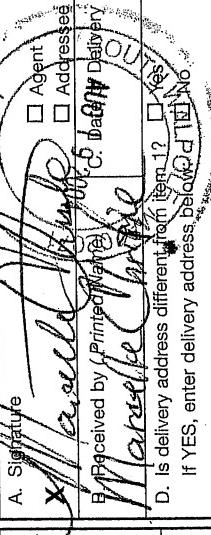
Address of Server

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Nolan, Superintendent
 Mass. Correctional Institution
 Cedar Junction at Walpole
 P.O. Box 100
 South Walpole, MA 02071

COMPLETE THIS SECTION ON DELIVERY	
	
A. Signature	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by Printed Name	<input type="checkbox"/> C. Date of Delivery
D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If YES, enter delivery address below	

1. Article Addressed to:	David Nolan, Superintendent Mass. Correctional Institution Cedar Junction at Walpole P.O. Box 100 South Walpole, MA 02071
2. Article Number <small>(Transfer from service label)</small>	03 0500 0002 3270 5095
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

PS Form 3811, August 2001	Domestic Return Receipt
102595-02-M-1035	